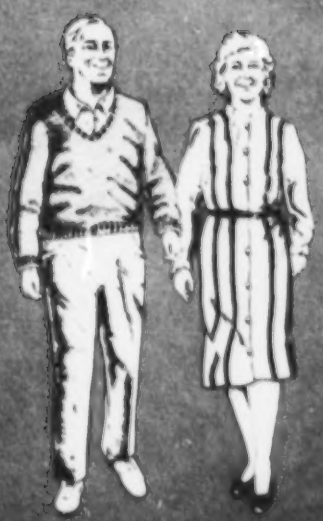
S E N I O R S

Advisory Council For Alberta



91-07160/

WOMEN AND AGING
PAST, PRESENT AND FUTURE

WOMEN AND AGING
PAST, PRESENT AND FUTURE

Proceedings of
Community Forums to Promote
Dialogue on Issues Affecting Older Women

Edmonton
September 29 and 30, 1989

Lethbridge
October 20 and 21, 1989

Sponsored by:

Provincial Senior Citizens Advisory Council*
Alberta Advisory Council on Women's Issues
Alberta Association on Gerontology

Assisted by:

Alberta Senior Citizens Secretariat
Seniors Secretariat, Health and Welfare Canada

*As of 1990 the Seniors Advisory Council for Alberta

ACKNOWLEDGEMENT

The Provincial Senior Citizens Advisory Council, the Alberta Advisory Council on Women's Issues and the Alberta Association on Gerontology as sponsors of the forums wish to acknowledge the contributions of the women of Alberta, past, present and future, because their experiences were the matrix of the discussion at the forums.

The sponsors also wish to express appreciation to all those who made the forums possible.

This report on the proceedings of the forums contains the views, ideas and suggestions made by participants at the forums. They do not necessarily represent the views of the sponsoring agencies.

TABLE OF CONTENTS

I. Introduction 1

II. Women and Health

i. "The Devalued Elder: A Question of Societal Attitude" 3

Elva Mertick: Chairperson, Alberta Advisory Council on Women's Issues; private practice social worker

ii. "Woman and Her Doctor" or "Seniors and Their Health" 6

Edmonton--Jean Triscott, physician in Geriatric Medicine, Edmonton General Hospital; Assistant Professor of Geriatric Medicine, University of Alberta

Lethbridge--Christopher Armstrong-Esther, Professor of Nursing, University of Lethbridge

iii. "Health--Your Future" 10

Maureen Osis, President, Alberta Association on Gerontology, independent nursing consultant

III. Women and Economic Self-Sufficiency

i. "Older Women and Poverty--Fact or Fiction?" 14

Peter Faid: Social Policy Analyst and Executive Director, Edmonton Social Planning Council

ii. "Women and Economic Self-Sufficiency" 30

Dereka Thibault: Financial Planner and Tax Consultant

IV. Expectations of Women's Roles by Society, Family and Self

i. Brigit Hawkins: Artist and Businesswoman 32

ii. Angela Stubbs: Lifestyle Editor, Medicine Hat News 34

iii. Bette Purves, Member, Provincial Senior Citizens Advisory Council 36

V. Issues and Concerns Raised in the Group Discussions at the Forums 41

VI. Appendix A: a) Provincial Senior Citizens Advisory Council 46

b) Alberta Advisory Council on Women's Issues 46

c) Alberta Association on Gerontology 47

Appendix B: Biographical Notes on Major Presenters 49

Appendix C: Fact Sheet on Older Women in Alberta 52

INTRODUCTION

Two forums on Women and Aging were co-sponsored by the Provincial Senior Citizens Advisory Council, the Alberta Advisory Council on Women's Issues (AACWI) and the Alberta Association on Gerontology.[1] Their purpose was to promote dialogue on issues affecting older women.

The forums were planned by a subcommittee of the Provincial Senior Citizens Advisory Council, chaired by Bette Purves, a Calgary representative on the Council. Members and staff of the Alberta Advisory Council on Women's Issues and the Alberta Association on Gerontology worked with the planning committee. A grant from Alberta Family and Social Services (Senior Citizens Secretariat) assisted with forum expenses.

The federal Seniors Secretariat covered the $30 registration fee for any women age 55 and over, not in paid employment, who needed such assistance.

The Edmonton forum was held September 29 (evening) and 30, 1989 at the Fantasyland Hotel and 119 persons attended. The forum in Lethbridge was held at the El Rancho Motor Hotel October 20 (evening) and 21, 1989 with 107 persons present. Almost all of those attending were women, many of them younger women.

Tom Musgrove, chairman of the Provincial Senior Citizens Advisory Council, opened both forums. He was followed by a panel discussion which addressed a variety of issues of concern to Alberta women. The Edmonton panel paid particular attention to the housing needs of older women. The Lethbridge forum focused on independence in lifestyles and finances, and the sense of self-worth being essential to women. The panel in Edmonton was moderated by freelance broadcaster, Marg Pullishy. Panel members were: Hazel Wilson, past president, Society for the Retired and Semi-Retired; Beulah Leadbeater-Muir, retired teacher and administrator; Edna McHutchion, Assistant Dean, Student Affairs, Faculty of Nursing, University of Calgary and Council member AACWI; and Margaret Barabash, social worker, Grandview Extended Care Centre.

The Lethbridge panel had Elisha Rasmussen of CFCN TV as moderator, with panel members: Joan Waterfield, freelance broadcaster and writer; Mildred Byrne, member, Lethbridge Senior Citizens Organization; Lynne Sangster, member, Provincial Senior Citizens Advisory Council; and Lori Andreachuk, lawyer, and Council member AACWI.

---

1 The two councils are appointed by the Government. Appendix A provides information about them and the Alberta Association on Gerontology.

The morning sessions were chaired by the Honourable Elaine McCoy, Minister of Labour and Minister Responsible for Women's Issues. The afternoon sessions were chaired by Tom Musgrove, chairman of the Provincial Senior Citizens Advisory Council. Maureen Osis, president of the Alberta Association on Gerontology, provided the wind-up remarks, followed by closing comments from representatives of the two sponsoring councils, the Provincial Senior Citizens Advisory Council and the Alberta Advisory Council on Women's Issues. Appendix B contains biographical notes on major presenters.

An underlying theme in discussions at both forums was the need for women to develop self-esteem and confidence in their own worth and ability, beginning early in life. It was stressed that this would help future generations of women avoid the negative situations which currently affect a number of senior women.

While these forums were directed toward issues affecting women now in their later years, it became evident that these discussions were very relevant for younger women. The need to take action now to ensure security and well being in later years became obvious.

From a younger woman participant:

> Basically I thought of this conference as an obligation for school--it was almost a joke--but later I realized this issue <u>does</u> pertain to all of us. I agree with the statement that "we all start aging at birth." Now I wish I had brought my parents and more peers to this conference to give a higher awareness to people on this important subject.

THE DEVALUED ELDER: A QUESTION OF SOCIETAL ATTITUDE

Presenter: **Elva R. Mertick, M.S.W., R.S.W.**
Chairperson, Alberta Advisory Council on Women's Issues

I would like to present the many people I am--as the many people all women are and the collective voices we need to offer.

Attitude and wellness is not a singular or individual challenge, it is also a societal challenge.

I am a mother, wife, daughter and community member committed to creating to make changes in all of the roles I share with other women.

I want to talk to you about my concern over the devaluation of the elder--a devaluation that is caused by what we do to ourselves personally and societally.

We spoke last evening of the sandwich generation. That too is who I am and in fact who I want to be for a while.

As a daughter, I want to make things better for the women who are my mothers. As a woman in her mid-forties, I want to assure that my present and my future will be secure so that I may continue to enjoy the pleasures of growth. And as a mother, I want to offer leadership to my daughter and an understanding of what she needs and I need that we may grow to maturity together.

SOCIAL AND SOCIETAL ISSUES

Let me first speak of the societal issues.

Robert Kastenbaum wrote: "The social value of a person reflects his/her position within society's prestige systems and his/her past and potential contributions to family occupation and society."

I am concerned about an attitude of illness, not wellness, that is portrayed as we speak about aging, an attitude in Canada which regards aging or "the elderly" as having less social value than their younger counterparts. We/they/you are not viewed as having the continued potential to contribute to others. This attitude has implications on the development of our health care and social policies, and the family, as well as an individual's sense of self-worth.

Further, I see independence as opposed to interdependence as a sought after value for all age groups. Older family members express their desire to be independent and live apart from their children. Children in turn express the same desire. If independence

is the value we strive for, if separation is the golden ring, then maturity can only become aging instead of the transference of wisdom, life experiences and caring.

The problem is not where we will live as we grow older but how can we all, all generations live, learn, teach and help each other as we grow older.

PERSONAL ISSUES

Aging is the time of our lives when losses are predominant. Loss and its attending train of feelings are called grief and are intricately woven into our life experiences and thus our patterns of behaviour. All losses have an impact on our personal development and our attitudes towards life. Many losses are subtle or are not considered significant. Loss of self-worth, dreams, careers, relationships, rights, lifestyle, money or mobility, may impact us significantly. All losses create a change in our lives. The methods we use to adapt or cope with these changes develop into a pattern of responses which are maintained throughout our lives.

Some individuals grow into aging with increased passion and anticipation. Others face aging with remorse and anxiety. The individual interpretation of losses due to aging depends on how well we feel physically and our capacity to trust ourselves emotionally.

Yhetta Gold (former President of National Advisory Council on Aging), stated:

> "Those who in their younger years learned how to love, continue to love. Those who communicated, continue to make contact. Those who are afraid, continue to fear. Those who know how to give, continue to give. And those who wish to learn or unlearn any of those things can. But they must want to. Age alone is not a barrier to meaningful relationships."

Aging does bring with it the reality of losing relationships through death. The loss of valued friendships and positions of success are a painful part of the grief of aging.

The choices are offered to the senior, to either continue to reach out and develop meaningful relationships or get stuck in the past. The struggle to continue to anticipate personal growth as we age is difficult. The frequency of all losses increases as we become older, but we all have the ability to continue to learn throughout our lives.

SENSE OF IMPOTENCE

Throughout our lives we struggle for control. Loss of financial and physical independence can result in the elderly feeling that their lives are no longer under their control. Others now decide where they will live and how. Others dictate that keeping busy will provide sufficient satisfaction. Opportunities to take control, to develop new meanings in one's life are often limited for the elderly.

There can be a sense of helplessness. Aging can mean not being able to help ourselves or be helpful to others.

My fear is that our present attitude tells us that growing old is unacceptable in a youth-oriented society. We do not prepare for this natural life process, rather we deny it and act as if aging, like death, will only happen to others. This childlike response creates social and personal turmoil. The reality is that we will all grow old and face the losses inherent in aging. What we choose to do with the confrontation of our losses, how we cope with life changes is all a matter of attitude and acceptance.

We as societal caregivers need to foster an attitude which recognizes the worthiness and wisdom of our elderly and an acceptance by each one of us of the intrinsic value each day and life can offer.

It is all that I can offer and teach to my daughter, that I might be cherished tomorrow for my wisdom and age. It is all I can offer today, the respect for the wisdom of those who go before me.

WOMAN AND HER DOCTOR
OR
SENIORS AND THEIR HEALTH

Presenter: **Jean Triscott, M.D., C.C.F.P., Edmonton Forum**
Professor Christopher Armstrong-Esther, Lethbridge Forum

DEMOGRAPHICS

Alberta's population is greying. There are more seniors, and more old old people--those 85 years and over. And of those that live to become seniors, a greater percentage are women (127 women to every 100 men at age 65; 185 women to every 100 men at age 85).

Though women have a greater life expectancy, they do not necessarily have a greater expectancy for good health. At age 65, women can expect to spend about half of their remaining years with some disabilities.

Because women are by far the major group in our older adult population, the comments which follow are of particular significance to them.

MEDICATION AS A METHOD OF TREATMENT

With aging often come increased disabilities and indiscriminate use of prescription drugs. One of our myths about old people is a pill for every ill. Increased use of medications leads to the likelihood of undesirable drug effects. Between 20% - 50% of seniors have difficulty taking their medication. Some of the reasons for this are:

(i) schedules are difficult to follow;

(ii) patient may have memory impairment leading to taking too few or too many pills;

(iii) small print on medication labels difficult to read;

(iv) difficulty of opening child-proof containers for patients with arthritic or weak hands;

(v) no pharmaceutical/medical control on the number and combination of drugs prescribed;

(vi) response to medication is different as a person ages, often becoming more sensitive to the drug, e.g. some tranquilizers take longer to metabolize, are addictive and/or have a cumulative effect.

To off-set some of these causes of drug difficulties for older people, we need to:

(i) audit physicians prescribing;

(ii) insist on refresher courses to update physicians on aging and drugs;

(iii) not grant bed admission rights to hospitals/nursing homes to doctors who have not attended such a refresher course.

FUNCTIONING

Three types of factors affect the functioning ability of people, including seniors: the physical, social and psychological. These factors interact and further determine functioning ability.

Examples of social factors are: living alone, poor social network, supportive family, many friends, poverty, lack of adequate resources. Some examples of psychological factors are: depression, optimism, friendliness, suspicion, interest and curiosity in life. Physical factors include various states of good or poor health. The importance of the factors are exemplified in the case of an elderly lady, living alone, poor and widowed who was hospitalized. She had poor eyesight because of cataracts. She had decreased mobility, caused by arthritis. Her dentures were ill-fitting. Her depression expressed itself in her poor diet consisting primarily of ice cream and pie and tea and toast.

Rehabilitation for this lady consisted of attention to improving her vision, treating her arthritis, fixing her dentures, improving her mobility and addressing her depression. She returned home with home care services and Meals-on-Wheels provided.

To achieve rehabilitation, one needs to first have a comprehensive assessment. Hospital care needs to focus actively on restorative as opposed to custodial care. Hospitalization with prolonged bed rest, immobility and multiple medication leads to a decrease in functioning and independence and may result in permanent institutionalization. This is called the "bed blocking syndrome". To counteract this syndrome requires rapid, energetic, appropriate attention in order to restore function. Support to the patient and caregiver is important to minimize permanent disability.

Seniors are survivors rather than victims. Most elderly people have over the years developed mechanisms to cope with multiple limitations, including disabilities. The treatment team's role is to enhance coping abilities by identifying and treating remedial problems and by facilitating change in the environment to maximize functioning in the face of disabilities (e.g. move to ground floor and provide home help to assist person suffering from shortness of breath).

GERIATRIC MEDICINE AND ROLE OF PHYSICIAN

Health Care in the Elderly

In geriatric medicine, the physician, in his clinical approach, needs to be diligent in promoting health as well as treating illness. Promotion of health is standard in the care of younger people. With the old, the tendency is to react to what is not well and ignore preventative medicine (e.g. flu shots, good diet).

Preventative approaches are as significant as the remedial; and social aspects in the health care plan (e.g. outreach to prevent isolation and depression) are as important, if not more so, than pills.

Above all, in geriatric medicine and in public education there needs to be an emphasis that aging is normal and that aging is not a pathological condition. The prevalent myth in our society is that old age is an illness. Normal aging does not cause disease or disability.

Two things do change with normal aging. Firstly, there tends to be a decreasing physical reserve which may lead to longer recovery from an illness. Secondly, diseases may manifest themselves differently in older adults. For instance, pneumonia in the young is associated with coughing, shortness of breath, sputum, fever; older people may have none of these symptoms, but instead may develop:

1) falls

2) confusion

3) immobility and/or

4) incontinence.

But above all, it is important to remember that the majority of seniors (80%) are relatively well, living active independent lives in the community. To perpetuate the myth that aging is a pathological condition tends to foster emotional and physical ill health in our older population.

Conclusion

1. We need to stop the institutionalization of seniors. Alberta has the highest rate in Canada and the western world (10%).

2. We need to develop more community care services (only 27% of 1985/86 health care expenditures were community based).

3. We need to develop more support for informal caregivers.

4. We need to examine our attitudes toward aging and older people. Moving our teaching of health care professionals from the hospital to the community may help to focus on community rather than institutional responses to illness and disability.

5. More education about aging is required:

   a) in schools and

   b) to health professionals.

6. More accessible information about resources and greater coordination between services is required.

7. Creativity and experimentation in developing support systems which enhance independence, self-esteem and dignity are needed.

INSTITUTIONALIZATION IS NO LONGER ADEQUATE.
EXPECTATIONS OF THE NEXT
GENERATION OF ELDERLY WILL BE QUITE DIFFERENT.

HEALTH--YOUR FUTURE

Presenter: **Maureen Osis, R.N., M.N.**

I am pleased to be here today as a representative of Alberta Association on Gerontology (AAG), a multidisciplinary association formed in 1980 to bring together persons interested in gerontology for mutual benefit and exchange of information. The brochure in your package outlines the objectives of this Association.

I want to share with you one creative approach to the health related changes associated with increasing age.

I am a nurse and have been in this province for over 20 years. I have for most of that time believed that our "sick care system" needs to be balanced with a "health care system" and began to look for ways to promote a different way of looking at health, wellness and aging. As an independent consultant I started a health promotion program for seniors. Once weekly, I work with seniors aged 70-93 (mainly women but also men) who live in a private facility called congregate housing: separate private apartments with many services and amenities provided, such as cleaning service, laundry, meals, some transportation. This facility, called Renoir Mansion, opened in Calgary one year ago. The seniors living there are well enough to live independently but have experienced some health problems or with increasing age want the social and daily support. My program philosophy is based on the belief that:

> health is a procession not a possession; it is not a gift, it is not static, it is certainly a means to an end--quality of life;
>
> some elders need assisted independence (interdependence);
>
> individuals have both the right and the responsibility of self-care, choice and control;
>
> health is holistic: we must pay attention to physical, social and psychological needs;
>
> health promotion is the process of enabling people to select healthy behaviours and to avoid health risks.

WHAT IS THE PROGRAM?

There are several programs for individuals, including:

- Monitoring: blood pressure, blood sugar, weight, medications (review purposes and instructions, discuss choices of over-the-counter medications and discuss the use of alcohol).
- Social: refer to community resources, encourage participation in the community, explore volunteer options and other meaningful pursuits.
- Psychological: assist with relocation adjustment; explore losses (home, community, widowhood); promote self-confidence, self-esteem; explore anxieties, depression; refer to community resources; monitor effects of medications and warning signs of pathology.

Group programs which vary from single session to weekly group meetings have provided opportunity to discuss many topics on general health and wellness. I have found that few individuals in this cohort know their bodies. In these group programs, we:

share knowledge of health; they have learned many things during their decades of living;

dispel myths of aging--the most popular course was "Memory Changes of Aging";

promote healthy choices--e.g. how to get a good night's sleep;

explore ways of coping with chronic illness, e.g. a support and discussion group on strategies for living with chronic lung disease.

WHAT ARE THE RESPONSES TO THE PROGRAM?

Some examples include:

1. <u>Monitoring</u>

   Finding hypertension, and successful treatment. In many instances this means medication therapy but not always. I have assisted some individuals to lower their blood pressure through diet, weight reduction, and relaxation programs. Given that heart disease and CVA are #1 and #3 in this population, this small program has possibilities of significant impact.

   Detecting side effects to medications early and responding: e.g. one lady in her 90s moved from another province and decided to stock up on her pills before

coming, knowing that she would not have coverage with health care for three months. Consequently she was taking an array of medications from two pharmacies and in fact one very potent drug she was overdosing because she had two containers with different names for the same product! Within a short time following her move, she had unsteady gait, loss of appetite, forgetfulness and generally very low energy and interest. With the partnership of a physician and pharmacist, we managed to get the "therapeutic cocktail" or should I call it "Russian roulette" straightened out and today she is active and independent again.

2. Promoting self-esteem

Speaking of partnership, our health promotion program fosters self-care and control. Every individual who visits the health office is given a small booklet to use as a health record. Blood pressure recordings, weight measurements, etc. are recorded.

3. Promoting psychological wellness

Though many individuals visit the health centre to "get their blood pressure checked," in fact many want a caring listener. One example that I want to share with you is a lady--widow--who was living alone, socially isolated, had poor daily nutrition and no social support. One year later, she shows increased energy, participation in activities, self-confidence and is living better--not necessarily longer but better!

4. Promoting assisted independence

Several individuals in this facility might have prematurely moved into a nursing home because of acute problems which too often precipitate a downward self-fulfilling prophecy because of ageism. After all, these people are old. When they get ill, society expects them to stay that way! With home care, walking aids and other aids to daily living, these people continue to live a life with some personal control and dignity.

5. Promoting interdependence

It may seem a paradox to say, but I have also assisted individuals to seek nursing home care when needed. An independent environment cannot be enjoyed or contribute to quality of life when one's total energy is consumed every day in the activities of daily living. For a few people, moving to a nursing home has greatly reduced the daily stress on them and their family members. They are now able to enjoy a social part of life with other residents and with their families. (Nursing homes need to do a public relations campaign in this province--they should invite the public and particularly children through their doors. Perhaps then we could alleviate some of the fear and anxiety and the belief that the nursing home is the end of the road).

I have a question for the audience. Please write the greatest fear that people have regarding moving into a nursing home.

Did you write "dependence" or "losing independence"? Although these are important, the two themes that I hear most often are "lack of privacy" and "loss of control". Why are we still building facilities with semi-private rooms? Do you want to live with a stranger? Ms McCoy stated in her opening comments that we must determine what are the essential services that we can afford. May I suggest that privacy is both essential and affordable!

YOUR HEALTH YOUR FUTURE

I have described one health promotion program for elders. What about your P L A N?

P Pick your parents: since that gives you the greatest likelihood of well-being; however, since that is not possible, strive for a....

Positive attitude: the panel mentioned this in several different ways.

Plan your retirement: have a bank account! If this forum encourages you to pursue economic self-sufficiency, then the time will be well "spent".

L Lead the way: you give my generation a glimpse into our own aging and its possibilities.

Lend a hand: studies have shown a correlation between wellness and productive activity; explore volunteer or paid work.

Learn interdependence: it is a skill to know when and where to ask for help.

A Activity: choose health promoting behaviour in your daily life; select an exercise that you enjoy and will do regularly; the good news is that the benefits are outstanding; exercise can improve function in older people by as much as 30-50%.

Avoid drugs: look for alternatives when possible; remember that over-the-counter products are drugs with side effects; limit alcohol.

N Never too late: nutrition can be improved at any age.

OLDER WOMEN AND POVERTY: FACT OR FICTION?

Presenter: **Peter Faid**

STORIES OF OLDER WOMEN

Over the last few years, in my work with the Edmonton Social Planning Council, I have received a number of letters from poor, older women. Let me read to you some of their comments:

- I... am fifty-eight years old and divorced. I raised six children within a very low standard of living through necessity... It was with great effort that I was able to upgrade my education starting with grade eight. I continued my studies in both day and night school until I had acquired two years in university.

  Caring for children was difficult and for them it also meant hardships and many sacrifices. My two eldest sons have passed away within the last eight years, [and] that alone was devastating to me... I have been living on $420 per month (U.I.C.) payments [from some part-time work I was able to find] which are about to run out... The upkeep of a car [which I need for this work] is falling behind but I am desperately trying to cover the bare necessities to live.

  ...my husband was in the army during World War II. He had a nervous breakdown in an overseas hospital and did not collect anything for either himself or family. My brother was killed in Normandy, France, and this government has the audacity to treat me like I am not worth anything. Not even $604 per month.

  I was divorced in 1964 (no such thing as alimony at that time). I raised my son (then 4 years old) on a woman's wage. We had difficult times, thank God for my mother and sister, we never had to go on welfare, but I never had money for myself, no dental work, never able to get a much needed eye exam... Now, I am 58, 59 in April, unable to find work, a day here or there, doing janitorial work, plus babysitting. I am on welfare, I am allowed $476 a month, my mortgage is $420 a month, leaving me $53 to pay my expenses... I am ashamed to be on welfare and even more ashamed of the way they treat and humiliate me at the welfare office. I am totally depressed feeling like a second class citizen.

- I am a woman aged 50 who never married. I did manage to get work before my U.I.C. ran out, but the job doesn't pay much, plus it is extremely heavy work and I am having difficulty keeping up with the younger workers and on my last report have been severely criticized for this...

  It is a temporary job where I have to clean houses for senior citizens. Some of my duties are moving fridges and stoves to clean underneath them, cleaning ovens and toilets, washing windows and climbing up ladders to clean lights and vents, moving

couches, beds, dressers, tables and chairs without breaking anything of value because everything must be thoroughly cleaned in a house in half a day.

I was told on my last report that I have a bad attitude, that some of my workers and seniors have complained that I am too slow... I get the willies just to climb into that big truck in the morning just to go to work not to speak of the fear I feel just to climb up a ladder and clean a light bulb. Some girls have lost their eyesight from oven spray and others are unable to work any more because of resulting back injury. I have no dental insurance... [and] There is no pay for sick leave or missing work for any reason.

The job will last at its longest one year, but I know I cannot last that long... I will try and last as long as I can. Young girls are finding it hard and I find it doubly hard at age 50. It was all I could get, I am in no bargaining position and I don't want to even think of what if I didn't get this job and what if my U.I.C. ran out... It frightens me when I think I still have 15 years ahead of me [before age 65].

THE FACTS ABOUT WOMEN AND POVERTY

This is only a sample of the real stories of older women in Alberta. When asked whether the poverty of older women in Alberta is fact or fiction, I could mention the statistics, and will be doing so in my presentation. However, I believe that it is very important to keep in mind the human face behind these statistics. Let us never forget that for each percentage increase in poverty, there are real women faced, day after day, with the cruel uncertainties of poverty. These stories provide the facts about the economic circumstances of older women much better than any statistics. If there is a fiction involved in the story about the poverty of older women, it is the fiction that our society takes care of older women, that we reward older women after a lifetime of work with financial security in their old age.

I would like to begin this morning by speaking in general about our perceptions of poverty and how we measure it. What do the statistics tell us about older women and poverty? Looking at the lives of the older women of today, I will sketch out some of the facts which account for the high numbers of poor, older women. I also think that it is very important that we focus our attention on a forgotten segment of the population of poor, older women: the woman reaching retirement, but not yet 65. It is also important that we understand what our society provides, or doesn't provide, to older women. Finally, I will look at the older woman of tomorrow. What can she expect? What predictions can be made about the future and her place in it? Are there more hopeful signs for the older woman of tomorrow?

OUR PERCEPTIONS OF POVERTY

What comes to mind when you hear the word poverty? Unfortunately, I believe we take several things for granted. First, we tend to associate poverty with individual failure. Those who are poor, we assume, are that way because they did not have the

individual initiative to succeed. Second, we like to believe that the poor are that way because they do not want to work. Governments, therefore we conclude, cannot provide too well for the poor, because they would then be rewarding laziness or improvidence. The fault of poverty, we maintain, lies with the poor rather than with society.

Yet we know also that poverty is not like that. We know that cutbacks and layoffs happen high up the corporate ladder and have nothing to do with the individual. We know of the line-ups at employment opportunity offices and we have all heard of hundreds of applications received for single job openings. Yet we persist in our myths about poverty.

When learning about poverty, the financial hardship for the individual is the most obvious effect. Being short of money, however, is just one aspect of the poverty package. Poor persons lose not just the money but the security of income and their expectations for financial improvement.

Along with poverty of income is poverty of spirit: the social and psychological damage that results when the struggle of daily existence seems almost too much to bear and the poverty of power: where full citizenship and freedom of choice are automatically denied. In these ways, poverty creates for many a crisis of self-identity. In a society like that of Alberta where personal success is so strongly linked with self-esteem, poverty can destroy the individual's feelings of self worth and accomplishment. Stress and a sense of personal failure reinforced by negative stereotypes about the poor magnify the crisis. As in the stories above, poverty should always be measured in terms of the human costs.

THE MEASUREMENT OF POVERTY

How do we measure poverty? The most widely used measurement is the rates set by Statistics Canada. The average Canadian family spends 38.5% of its annual income on food, clothing and shelter. The poorer families, in contrast, spend about 20% more of their annual income on these necessities. Families or individuals spending 58.5% or more of their annual income on basic needs are considered to be poor. This is calculated annually, taking into account the population of the place of residence (since smaller centres are cheaper places to live) and size of family units (since several persons living together can do so more cheaply than one). In measuring poverty lines, however, we must not assume some magic with the numbers: many persons live well below the poverty line and many others live just slightly above the poverty line.

How can we translate the data into meaningful statistics? In Alberta, it means that anyone making minimum wage is living below the poverty line. In Edmonton, it means that an individual living at the poverty line in 1989 is earning about $1,000 a month (gross income) to cover food, clothing and shelter, as well as any other expenses. For a couple, it means about $1,325 a month. In Lethbridge, an individual must receive at least $895 a month to rise above the poverty line and a couple $1,170 a month.[2] This may not seem overly severe, but it is $3,000 a year below what Canadians identified in 1988 Gallup poll as being the lowest amount an average family of four could get by with.[3]

OLDER WOMEN AND POVERTY

What are the facts about older women and poverty? The number of women over 65 living below the poverty line has improved in the last few years. Yet despite this improvement, from 1980 when over 65% of unattached (single, widowed, or divorced) older women were living in poverty, there were still over 46% living in poverty in 1986. That is, almost half of the unattached women over the age of 65 are still living in poverty. Women in couples fared much better, since only 8% of older couples live below the poverty line. But an additional 25% live just above the poverty line.[4]

In total, about one-third of older women living with their husbands were poor or near-poor. That rate is much worse than the poverty rate of 15% for the general population.[5] Women between the ages of 50 and 64 do not fare any better.[6] In 1986, Health and Welfare Canada found that 40% of seniors felt that their income was "less" or "much less" than adequate.[7] Indeed, of all segments of the Canadian population, older women are the poorest overall. A significant percentage of the elderly also live near the poverty line, if above it.[8] In 1986, three out of four older Canadians had an annual income of less than $15,000[9] and 80% of them were women. These are the facts.

---

2 Statistics taken from "National Council of Welfare Estimates of Low Income Lines for 1989" in National Council of Welfare, 1989 Poverty Lines (Ottawa: Supply and Services Canada, 1989), p. 9.

3 Peter Faid. "Profile and Perspectives on Poverty in Edmonton" (unpublished paper, 1988), p. 4.

4 From 1986 statistics. David Ross and Richard Shillington, The Canadian Fact Book on Poverty: 1989 (Ottawa/Montreal: the Canadian Council on Social Development, 1989), p. 69. The figure is 3.8% for Alberta. Ibid., p. 105.

5 National Council of Welfare, Poverty Profile 1988, (Ottawa: Supply and Services Canada, 1988), pp. 7, 43. The figure is 16.8% for Albertans. Ross and Shillington, p. 105.

6 Statistics are only available for women and men together, but indicate that 39.1% of individuals in this age group live below the poverty line, and 11% of families. Poverty Profile 1988, pp. 37-8.

7 Quoted in Richard Deaton, "The Pension Poor" in The Facts: Canadian Union of Public Employees Vol. 11, No. 2 (Fall 1989), p. 13.

8 "Altogether, about two-thirds of the unattached elderly lived in precarious income circumstances." There was no division of these statistics according to sex. Ross and Shillington, p. 69.

9 Deaton, p. 12.

Keeping these facts in mind, what then can we say about the causes of poverty in older women? What was life in the past like for the older women of today in Alberta? Generally speaking, women in Alberta's past lived hard lives, with much sacrifice on their own part and much discrimination on the part of society.

WOMEN IN THE PAST

Women in Alberta's labour force have almost always been in low-paying, less secure jobs, and this was even more true twenty years ago than it is today.[10] Women were often the last hired and the first fired in Alberta's economy and this is evident from the numbers of employed women during the Second World War who returned to their homes at the end of the war. As a result, about one-quarter of Alberta women remained working outside the home after the war until the late 60s, when their numbers began to rise. Currently about two-thirds of Alberta women work outside the home.[11] For much of this period women were expected to take home less pay, since, according to the thinking of the day, "they were only supplementing their husband's wages." Women also often had to take part-time jobs, since full-time jobs were denied them, or since they were also raising children.

As a result, few women were able to save enough of their pay cheques to put any money away for retirement. Companies gradually introduced pension plans for their employees in the period of the 50s and 60s, but women were often denied access to these private plans.[12] The Canada Pension Plan, introduced to universalize pensions, was only fully in place in 1966. To be eligible, one had to work throughout one's adult life and many women of the period interrupted their lives in the work force to raise children. In doing so, they were penalized by reduced benefits. Registered retirement savings plans (R.R.S.P.s), introduced by the federal government to allow individuals to save money without paying interest tax, were only introduced in 1957. In many ways, therefore, women were not able to save money for their later years.

Many women were also drawn into traditional types of employment, especially in the service professions, such as cleaning jobs. Because of this, many women were exposed to substances now known to be harmful. Older women also face other health problems, such as a high rate of varicose veins, in jobs requiring long periods of standing and present in half of women over 40.[13] Women with health problems, in turn, face a

---

10 Many women worked in the service industry, which pays among the lowest wages of all sectors of the labour force and which contains a high percentage of the working poor. Poverty Profile 1988, pp. 59-60.

11 Deborah Hurst Usher, "Contemporary Alberta Families" (Unpublished paper, 1989), p. 4.

12 For example, until 1964, women were not permitted to participate in the Public Service Pensions Plan. The Alberta Union of Provincial Employees, Federal New Democratic Party Task Force on Older Women, (Unpublished paper, 1982) p. 18.

13 Ibid., p. 20.

greater threat of poverty, because of their inability to perform certain tasks or to work for long periods of time.

For women who remained in the home, or for working women once they reached home at the end of the day, life was by no means easier. Many Canadian women in the period after the Second World War arrived here from other countries, and the process of adaptation to a new culture was sometimes difficult. For many women, the growth of cities also meant a move from the traditional rural lifestyle to an urban one and the need to work outside the home. This lifestyle was in contrast to that of their mothers, most of whom had remained at home all of their lives. Women who married supported their husbands financially, with extra income, as well as emotionally with free housekeeping service and child care. Women helped men to achieve the economic success of the post-war boom.

Life was equally hard and often harder for women who did not have husbands. For women who never married, poverty was frequently the norm. Single women of the 1950s and '60s faced a lack of opportunities and outright discrimination in salaries and promotion. For widows, there was little guaranteed benefit. Life insurance, afforded by some, was usually too expensive for the families who most needed it. This is the reason the federal government extended the Spouses' Allowance to cover widows, since so many widowed wives were living in poverty.[14] Divorce was not very common until recent decades, but for those women who braved the stigma of divorce, left abusive husbands or cut the legal ties with men who had deserted them, the ostracism of society was strong. Few women could count on continued support from their husbands, even with children, or were able to acquire a share of their husband's pension as part of the divorce settlement. Consequently, divorced women were for the most part on their own financially.

For women with children, whether single, married, widowed, or divorced, there were added expenses. Family allowance payments, meant to assist in the cost of child care, were introduced to Canadian society in 1944. Families were larger then and before the establishment of health care insurance in 1966, health costs were born by the individual families. Moreover, the care of children was traditionally seen as the responsibility of women.

---

14 Louise Dulude, Pension Reform with Women in Mind, (Ottawa: Canadian Advisory Council on the Status of Women, 1981), pp. 27-8.

WOMEN APPROACHING RETIREMENT

As they approached the age of retirement, the difficulties of older women tended to grow worse. Unfortunately, little has changed and most women in their 50s and early 60s face the same difficulties. Indeed, with the benefits for women over the official retirement age of 65, it is often the women under this age that face the greatest economic risk.

This is felt in a number of ways. It is in middle age that typical health problems for women become more acute.[15] The risks associated with the use of dangerous substances, at work or in the home, are felt at this age, as are the other health problems more associated with women than with men, such as varicose veins, osteoporosis, breast cancer. If a woman must continue to work, despite health problems, in order to avoid poverty her quality of life is greatly diminished. The anxiety of the woman above who noted that she had 15 years left in which to work before she could collect Old Age Security benefits, is all too typical.[16]

Many women have great difficulty in finding or keeping a job at an older age because so many employers are hesitant to hire middle-aged persons. It is especially difficult for those women who attempt to find work after a long absence from the labour force, usually to raise their children, since few employers are willing to consider their work at home as "real" experience. Upgrading skills or education levels takes time and money, and younger applicants to already-overloaded training classes are usually given preference. As a result, women are often required to take part-time jobs, and in fact, 70% of part-time jobs are held by women.[17]

Women in general live longer than men and even women who have married and lived a life of relative comfort thanks to their husband's salary face the risk of poverty should their husbands die before them. In Alberta, half of women over the age of 65 are presently widowed.[18] Widows, even with the Widow's Pension, face an immediate drop of about half of their former income.[19] In fact, it is with the death of their husbands that so many women discover, late in life, that they are "only one man away from poverty".

---

15 See Older Albertans 1988 (Edmonton: Alberta Senior Citizens' Secretariat, 1989), p. 49: "seniors used medical services at a rate almost twice that of the population as a whole".

16 See National Health and Welfare, The Active Health Report on Seniors (Ottawa: Supply and Services Canada, 1989), p. 18: "there is a very strong relationship between income and self-rated health, activity limitations, and happiness [among seniors]."

17 Beryl Zackon, "Negotiating Benefits" in The Facts: Canadian Union of Public Employees Vol. 9, No. 5. (September/October, 1987), p. 37.

18 Older Albertans 1988, p. 37.

19 Dulude, p. 36.

It is usually around retirement that families make the final mortgage payment on their home and the absence of this expense can greatly help.[20] Still, property taxes must be paid and there are maintenance costs for older homes. The provincial government does provide some programmes to assist with these costs.[21] For those women who must rent their home, monthly payments can be difficult.[22] Subsidized, low-income housing is for the most part full and care and accommodation in nursing homes, extended care centres and auxiliary hospitals is expensive.[23]

THE OLDER WOMAN OF TODAY

What is life like then for the older woman of today? How does she live, with what sources of income and how well? Despite the numerous social programmes meant to assure the elderly of an adequate income, there are still too many women that "fall between the cracks" of these social programmes. Most of us tend to reassure ourselves that there is a generous "safety net" of social assistance to help the elderly. However, if we look at the various types of income available to elderly women, we see how precarious their financial situation can sometimes be.[24]

OLD AGE SECURITY

Old Age Security payments made by the federal government are the cornerstone of the income security programme for seniors. The payments are provided to all persons over the age of 65. However, the amount is not generous.[25] For example, persons who have lived in Canada for less than forty years are not eligible for full payments and persons who have lived here less than ten years are not eligible at all.[26]

---

20 Two-thirds of seniors over the age of 65 still live in homes they own. Sylvia Goldblatt, "Housing for Seniors" in Perception: Canada's Social Development Magazine Vol. 13, No. 1 (Winter 1989), p. 26. In Alberta, 88% of women over the age of 65 live in private dwellings. Older Albertans 1988, p. 15.

21 "All [senior] Alberta homeowners automatically have their entire Provincial Education Tax paid by the provincial government, and in addition, senior homeowners are eligible for a further reduction, the Senior Homeowner Benefit." Older Albertans 1988, p. 43. There are also Home Improvement Grants for seniors (Ibid., p. 45) and a Senior Citizens' Home Heating Protection Program, worth $100 annually (Ibid., p. 46).

22 The Alberta government does sponsor Senior Citizens Renters' Assistance Grants, which can total up to $1,200 annually (1988). Ibid., p. 44.

23 The average per diem price for a partial care unit in Canada in 1989 is between $45 and $102, according to the Canada Mortgage and Housing Corporation. Goldblatt, p. 26.

24 For an excellent summary of income available to Canadian seniors, see National Council of Welfare, A Pension Primer (Ottawa: Supply and Services Canada, 1989).

25 In the last quarter of 1989 the monthly amount for full benefits is $337.04. The rate is adjusted every three months. Personal conversation with Alberta Senior Citizens Secretariat.

26 Individuals living here over ten years but under forty are deducted one- fortieth of the annual amount for each year not yet in Canada. Women living in Canada before 1977 are not affected by this regulation. Dulude, p. 7.

GUARANTEED INCOME SUPPLEMENTS

Women (and men) over the age of 65 whose income, even with Old Age Security, is still low are eligible for a Guaranteed Income Supplement (G.I.S.). Introduced only as a temporary measure in 1966, to cover women who had not contributed to the newly established C.P.P., the G.I.S. has proven necessary for so many seniors that the federal government has had to continue its distribution. Indeed, it is proof that the other forms of federal government compensation are insufficient. In Alberta in 1988, almost half of the seniors receiving O.A.S. also received G.I.S. supplements.[27] Of those receiving maximum G.I.S. in Alberta, 65% were women.[28] This is especially distressing when considering that women typically outlive men and so women are forced to deal with less income for a longer period.[29] Persons applying for the G.I.S. must undergo an income test.[30] In Alberta, persons receiving the G.I.S. are also eligible for a provincial supplement under the Alberta Assured Income Plan (A.A.I.P.), but this only provides from $10 to $95 extra each month.[31]

CANADA PENSION PLAN

Women (and men) over 65 are also eligible for Canada Pension Plan (C.P.P., Q.P.P. in the Province of Quebec) benefits. This is calculated at 25% of their average lifetime income, adjusted to inflation, up to a maximum amount. But many of today's retired women did not work at paying jobs through most of their lives, or if they did, worked only part-time and for lower wages than men. As a result, few can collect benefits from C.P.P. Only a third of women collect the maximum amount, which is only $556.25 a month.[32] Women who have worked steadily their adult lives are eligible for their own benefits, but at present are penalized for "not working", if they were absent from the labour force for more than 15% of their adult lives, for example, to raise their children.[33] Therefore, private pension plans are only helpful to a small percentage of women, since only 19% of women contributed to them.[34]

---

27 Older Albertans, p. 34. In 1988, 204,135 Albertans received O.A.S., 92,756 received G.I.S.

28 Ibid.

29 Of seniors between the ages of 65 and 69, there are 115 women for every 100 men, but for those over 85, there are 185 women for every 100 men. Ibid., p. 11.

30 Dulude, pp. 5-6. In 1989, the maximum G.I.S. is $400.53 for individuals, $260.88 each for couples.

31 In 1989. Personal conversation with Alberta Senior Citizens Secretariat.

32 Dulude, p. 11. This is the maximum monthly amount in 1989. Personal conversation with Alberta Senior Citizens Secretariat.

33 When women who have contributed to pension plans lose their contributions because of "vesting", their contributions go into a general fund usually used to add to men's pensions. Zackon, p. 35. Women do not lose their C.P.P. benefits if absent from the labour force for more than 15% of their adult lives in Quebec only. Dulude, p. 12.

34 Dulude, p. 19. These are 1975 statistics.

Married women over 65 can be supported by their husband's C.P.P. benefits. These benefits provide an adequate income and as a result few elderly families live below the poverty line, although many live near it.[35] But with the discrepancy in the average life-span of Canadian men and women, many women are left with a limited income when their husband dies. Widows are able to collect only 60% of their deceased husband's C.P.P. benefits, which would mean a maximum in 1989 of only $333.75 a month.[36] As this is often the main portion of their income, the drop is significant.[37]

SPOUSE'S ALLOWANCE

For women between the ages of 60 and 64 who have husbands over the age of 65, there is the Spouse's Allowance, eligible only if the couple's joint income falls below a fixed amount.[38] Since 1979, women whose husbands die while they are receiving the Spouse's Allowance can continue to receive it until their 65th birthday, when they are eligible for O.A.S.[39]

WIDOWS' ALLOWANCES

Other widows are eligible for a Widowed Spouse's Allowance, introduced by the federal government to soften the blow of just such a drop in income. It is necessary, in order to bring the average income of a widow over 65 to an adequate, if not exorbitant income.[40] Women who are between the ages of 55 and 59 can receive the Alberta Widows' Pension which will give them a monthly allowance until they are eligible for the federal benefits.[41] But women who never married, divorced women, widows under age 55[42] and some common-law wives, are not eligible for this benefit. At present, these women have no benefits similar to widows' benefits, and must depend on social allowance programmes (since O.A.S. and G.I.S. is only available to those over 65).

---

35 Of families led by men over the age of 65, only 8.7% lived below the poverty level. Poverty Profile 1988, p. 41.

36 Personal conversation with Alberta Senior Citizens Secretariat.

37 The number of widows is high. "In 1981, while 76% of men at the age of 65 or over were married, only 41% of women were in the married category. Add to that the fact that, of those men who were in pension plans, less than half were in plans that gave pensions to surviving spouses." Zackon, p. 35 Widows may not be penalized by remarriage, according to legislation of 1987. Ibid., p. 36.

38 Note: the husband must be receiving the G.I.S., therefore his income must be very low. The maximum amount which the couple can receive together is $1,290.84 per month. Personal conversation with Alberta Senior Citizens Secretariat.

39 Dulude, pp. 27-8.

40 The monthly amount is $660.11 in 1989. Personal conversation with Alberta Senior Citizens Secretariat.

41 The monthly amount in 1989 is $720. Personal conversation with Alberta Senior Citizens Secretariat.

42 Unless they have children under the age of 18. Dulude, pp. 75-6.

UNEMPLOYMENT INSURANCE BENEFITS

For older women who are single or divorced and under age 65, life without an adequate income is extremely harsh. Those who are able to work for at least part of the year can receive Unemployment Insurance Commission (U.I.C.) benefits. These require a minimum period of employment of 20 weeks, however, and many older women find difficulty remaining employed, or can only find low-paying jobs. If older women lose their jobs, benefits cannot extend past 52 weeks.[43] This is also being reviewed by the current government to restrict even more the benefits available under U.I.C.

SOCIAL ASSISTANCE

For single or divorced women under the age of 65 who are not able to collect U.I.C., there is only Provincial Social Assistance (Welfare).[44] In 1988, 6.5% of the recipients of social assistance were persons over the age of 60.[45] This provides a subsistence income which is available only after the need has been verified through a means test. If the woman receives any other type of income, however, this is deducted from the amount she is eligible to receive from Social Assistance.

OTHER RETIREMENT INCOME

Those rare women who were able to save enough after 1957 in a registered retirement savings plan (R.R.S.P.) can expect to live with some degree of comfort. Yet in 1978, only 20% of R.R.S.P. contributors were women.[46] Women who contributed to private pension plans can also collect, but in 1986, only 36% of women in the labour force were participating in private pension plans. Moreover, since only 14% of private plans are indexed to the inflation rate, even a modest inflation rate of 3% will, over a fifteen-year period, reduce by 35% the purchasing power of non-indexed benefits.[47]

---

43 The maximum monthly amount payable in 1989 is $1,573 and is only available after very well-paying jobs. Personal conversation with Employment and Immigration Canada.

44 In 1985, 1,689 single women between the ages of 55 and 64 received social assistance. Personal correspondence of Merrilyn Greig, Management Reporting Services, Alberta Social Services and Community Health, 19 August, 1985.

45 Older Albertans, p. 42.

46 Dulude, p. 18.

47 Bob Baldwin, "Unfinished Business" in The Facts: Canadian Union of Public Employees Vol. 11, No. 2 (Fall, 1989), p. 4.

Women who are disabled and who have navigated the lengthy process of application for Assured Income for the Severely Handicapped (A.I.S.H.), can also live adequately on its monthly payments (about $720 per month), or less easily on Disability Insurance (with average monthly payments of $556.78.[48] Divorced women who managed to obtain a share of their ex-husband's C.P.P. benefits, or are continuing to receive alimony payments, may also receive a reasonable monthly income. But most women do not fit into these categories. In 1980, fewer than 1% of divorce settlements included splitting of pensions or retirement savings.[49]

It should be apparent that most older women do not receive enough income. While better-off older Canadians only rely on social programmes for less than half of their income, the elderly poor get 91% of their income from these programmes.[50] Out of this, they must cover all of their living expenses: food and clothing, accommodation, health-related expenses and other costs. This is why so many women fall below the poverty line. At present, Canada's social programmes simply do not go sufficiently far in helping older Canadian women.

THE OLDER WOMAN OF TOMORROW

What can the older woman of tomorrow expect? Will the situation improve for her, or will she also be caught in the trap of poverty? What changes to Canada's social programmes are in progress? What changes to Canadian society are happening which may affect her?

First, we already know that more and more of Canada's poor are single-parent families led by women. At present, more than one third of single-parent families led by women live below the poverty level[51] and this is likely only to increase, among other factors with the rising divorce rate.[52] Women spending their adult lives in poverty are unlikely to be able to save any money for their retirement, nor are they likely to be able to contribute much to C.P.P. Women who are poor young adults will probably be poor older adults.

---

48 According to Monthly Statistics: Income Security Programs (Ottawa: Health and Welfare Canada, 1989), p. 11. In Alberta in 1988, only 203 seniors received A.I.S.H. beneifts. Older Albertans 1988, p. 41.

49 Dulude, p. 72.

50 Deaton, p. 14.

51 Poverty Profile 1988, p. 19 (statistics from 1986).

52 The Honourable Monique Begin, "Demographic Change and Social Policy: Implications and Possible Alternatives" in The Future of Social Welfare Systems in Canada and the United Kingdom: Proceedings of a Canada/UK Colloquium, Shirley Seward (ed.) (Halifax: Institute for Research on Public Policy, 1987), p. 220.

Second, all indicators point to a rising population of seniors in the years ahead. This is related to the population of "baby boomers" growing older and the declining birth-rate among today's population.[53] Recent estimates for Edmonton project a rise in the percentage of older persons from 8.1% in 1987 to about 20% by the year 2020.[54] A declining birthrate will in turn mean fewer adults contributing to C.P.P. for these seniors, since each generation contributes to the generation before it. Therefore, contributions to C.P.P. will rise, as is already happening.[55] Greater numbers of seniors will require better and more numerous facilities and programmes to support them, which will increase the overall social costs.[56]

Third, many of these elderly persons will be women. Women at present outlive men on average by seven years and can expect this to continue.[57] Because of their poverty, older women will require greater and longer support from government programmes.

Fourth, because more and more adult women are working outside the home, the informal caregiving and support to seniors undertaken at present largely by women will decrease. As this happens, seniors will have to rely more heavily on formal programmes of caregiving and support, such as institutional care. This will cost the government and society much more than informal care.[58] Alternately, government may increase its own support of informal caregivers, offering tax credits, respite care, flexible working hours for those persons caring for seniors.[59]

Fifth, the increase in immigration is likely to add to the numbers of women in poverty in Canada, since those living here less than forty years are ineligible for full O.A.S. benefits.[60]

OLDER WOMEN AND THE 1989 BUDGET

The 1989 federal budget of Finance Minister Michael Wilson will also have implications for older women in its changes to Canada's social programmes.

---

53 Ibid., p. 217. Since 1972, the fertility rate has been below the replacement rate in Canada. Ibid., p. 213.

54 Also by the year 2001, a full quarter of these persons over the age of 65 will be over 80. The Active Health Report on Seniors, p. 3.

55 Viz., "the Canada Pension Plan (CPP) has just been amended (for the first time since it was introduced in 1966) so that contributions will rise each year." Begin, p. 217.

56 Ibid., p. 218.

57 Older Albertans, p. 13.

58 By way of example, the funding for the Coordinated Home Care Program of Alberta Health rose from $10.5 million in 1980 to $36.2 million in 1988. In 1988, 61% of the caseload was comprised of women over 65. Ibid., p. 64.

59 Tracking the Trends, p. 25.

60 Dulude, pp. 46-7.

First, the proposed Goods and Services Tax (G.S.T.) will add 9%* to most goods and services (a tax on food was not included, but has been discussed as a modification of the tax). Older women, half of whom are already living below the poverty line, will have to pay 9% more for many goods and services.

Second, the government introduced in this year's budget the so-called "clawback" on universal social programmes. Seniors will be subject to the "clawback" through their Old Age Security payments. As currently indicated by the budget, individual seniors earning more than $50,000 per annum will be required to pay back some of their O.A.S. in income tax. Seniors earning more than $76,332 will be required to pay back all of their O.A.S.

This hardly seems too severe at first glance. The difficulties inherent in this proposal fall in two areas. First, if the government sets the limit for receiving full O.A.S. in 1989 at $50,000, what is to prevent it from lowering that limit in future years? The budget indicates that the level of cut-offs "will be reviewed periodically and adjusted appropriately".[61] What then is there to stop the government from restricting its eligibility only to a small percentage of Canada's seniors?

The second difficulty arises out of the inflation rate. The "clawback" is not indexed to the inflation rate, so that each year, the "real" dollars affected by the cut-off will also be lowered. It has been estimated that by the year 2001, even if the actual amount has not been adjusted, the "real" amount in 1989 dollars affected by the ceiling on benefits will have been reduced from $50,000 to $40,000. In a calculated projection of both of these possibilities, the National Council of Welfare has estimated that by 2019, the middle-income senior will pay back three quarters of the O.A.S. in annual income tax.[62]

HOPEFUL SIGNS FOR TOMORROW

Hardly a glowing prospect for us today, as we reflect on growing older. Are there any hopeful signs for a brighter future for older women in Canada?

One positive change is that women are demanding more equity in pension benefits. This has included calls for a "homemaker's pension" by some,[63] or greater demands for

---

61 Quoted in National Council of Welfare, The 1989 Budget and Social Policy (Ottawa: Supply and Services Canada, 1989), p. 10.

62 Ibid., pp. 14-9.

63 The present government promised in 1980 to introduce legislation allowing homemaking spouses to contribute to C.P.P. There has been no forthcoming legislation as of yet. Albert Rose, "The Politics of Aging" in Perception: A Canadian Journal of Social Comment Vol. 3, No. 3 (January/February 1980), p. 9. A series of focus group meetings of Alberta women in the last year showed considerable support for the idea. Person to Person: An Alberta Dialogue on Economic Equity for Women (Edmonton: Alberta Women's Secretariat, 1989), p. 13. See also Dulude, p. 59 ff. for detailed proposals for such a reform.

* since amended to 7%

a share of their husband's R.R.S.P., C.P.P. or private pension plans in divorce settlements. Clearly something must be done in order to equalize future income for women who most often raise the children after a divorce and therefore cannot equally contribute.[64] Yet still, out of one-half million divorces in Canada since 1978, only 20,000 women applied for pension-splitting.

Several groups have called for an immediate increase in the G.I.S. to start the reforms with added income for the most needy.[65] A Charter of Rights and Freedoms challenge has also been launched by an Alberta action group, Singles and Divorced Speak Out, to end the discriminatory practice of government bonuses to widows, but not to single or divorced women over the age of 65.

Other initiatives are in progress. One such initiative would consider a sort of "reverse mortgage" on homes, allowing older persons who own their own homes to "sell them back to the bank" for added monthly income. Similarly, the idea of "life lease" would allow the sale of homes to developers, with a clause reserving residence for the seller until she no longer wishes it, or until her death.[66]

Another positive indicator is that, as Canada's population grows older, the elderly will have more political power than ever before. We have already seen "grey power" at work, in the cancellation of the federal government's proposed de-indexing of Old Age Security in 1985.[67] The demographic strength of seniors will gradually be converted into political strength and seniors will be better able to control social spending on seniors. Cut-backs to social programmes for seniors will be made more difficult.

We have already in the western world an excellent example of a country which has dedicated its energy to taking care of its older citizens. That country is Sweden. The poverty rate for Swedish seniors is zero.[68] This is a result of progressive social legislation for many years. Included is an old age pension which the individual can begin receiving any year after age 60, at the individual's choice, supplementary pensions for those without private pensions, partial pensions for those wishing to continue to work part-time, special allowances for residents of less than ten years, who are not eligible for regular pensions. All of the benefits are calculated according to the Consumer Price Index annually and individual pensioners receive 96% of the C.P.I. In

---

64 Only since 1978 has the law in Canada allowed sharing of C.P.P. benefits between divorced spouses. Monica Townson, "Women and Pensions" in Perception, p. 16.

65 Dulude, p. 44 lists these groups.

66 Goldblatt, pp. 26-7.

67 Ron Verzuh, "Grey power comes out of the closet" in Perception: pp. 13-6.

68 Ross and Shillington, p. 84.

addition, there are guaranteed housing, medical and dental benefits.[69] Adequate care of the elderly can be a reality.

WHAT CAN I DO?

It is important for present-day seniors and future seniors to start the process of political empowerment today. As individuals, we can make a difference to the lives of older women. Write to your elected officials, federal and provincial and let them know that you demand adequate social programmes for seniors. Ask them specific questions about their position on specific issues. Always ask for a response. Let them know that you are keenly interested in what their governments are doing for older women, and that you will keep aware of their own part in this. Let them know that the social programmes designed "to catch those who fall between the cracks" are still allowing half of older women to fall through them.

CONCLUSION

Finally, let me conclude by stressing once again that poverty means so much more than economic deprivation. Older women with persistently low incomes do not simply live scaled down versions of middle class life. They are required to live markedly different lives.

A sad paradox for older women in poverty is that the poorer the woman, the more likely she is to be misunderstood, rejected and excluded by the many, yet at the same time she is increasingly dependent on the many: her neighbours, home care services, medical professionals. Her life becomes frighteningly dependent on the kindness, the good humour, the sense of justice and the morality of others. She becomes increasingly dependent on a society that is prepared to interfere in her daily life often without invitation or consent. Is it any wonder that with this state of fragile precariousness that poor older women feel excluded from becoming a contributing member of a community again? Thus the poverty of income leads to an ever more tragic poverty of spirit and a poverty of power.

Robert Browning's favourite poem is often quoted as a description of what aging should be: "Grow old along with me, the best is yet to be." But perhaps the more realistic refrain should be the Beatles' tune: "Will you still need me, will you still feed me, when I'm sixty-four?".[70] I began this presentation with stories of real Alberta women who, through no fault of their own and despite their hard work, are poor. I end by challenging all of us to get involved, and change these stories of despair to ones of hope.

---

69 Old Age Care in Sweden, unnumbered series of Fact Sheets on Sweden (Stockholm: The Swedish Institute, 1986), pp. 1-3.

70 Idea from Deaton, p. 15.

WOMEN AND ECONOMIC SELF-SUFFICIENCY

Presenter: **Dereka Thibault**

My area of expertise, tax consulting and financial planning, makes a presumption that you have some money for which you can make plans. I am dealing with women who have funds and who want to know how to plan.

Several issues relating to economic self-sufficiency are most certainly related to women. Let me tell you about a client, a woman age 67, whose husband had died. We, in my agency, assisted her in settling her estate and taxes.

When this women came to us she had never written a cheque and had no knowledge of the financial plans her husband had made. She was fortunate enough to have some income, but what horrified me was her complete lack of knowledge about her finances. I have worked now with this woman for a period of time and she has become self-sufficient in her financial management. This self-sufficiency is important for all women to achieve.

How do we assist people?

We start with what you have, determine what you need to live on and then see how much is left and what we can do with it.

Some people can do monthly accounting, but do not take into account other expenses that come on a quarterly or yearly basis. They do not consider the need for planning for large, mainly one-time, expenses such as the replacement of appliances. They do not think about future income and one of the things we do is help people think about both present budgeting and future income.

Registered retirement savings plan (RRSP) investments are a must, especially for those with no pensions. This is a wonderful way to save, for the income for the investment is tax free (that is, until it is withdrawn). On the whole (RRSPs) are better than general investments; $7,500 a year put into RRSPs beginning at age 35 will result in $2.5 million at age 65.

What kind of income will you have at age 65? Old Age Security benefits are available to everyone (with the exception of recent immigrants). Then there is the Canada Pension Plan (CPP), the public contributory pension. You can have your CPP retirement income split between you and your husband which will then result in a lower tax rate.

Upon retirement you should consider the following tax benefits. One can receive $1,000 of tax free pension income if the income is from a private pension. Income from

dividends is treated differently from other investment income. Dividend investments are riskier, but income from them saves on tax. We no longer have tax free investment income.

1989 is the last year in which you can put Old Age Security and pension income into an RRSP, thereby achieving a considerable tax saving.

There is still the disability deduction, if you are disabled on an ongoing basis and if you get a statement from your physician.

Medical expenses can be deducted and now included in these are the expenses incurred in making renovations to your home to make it more accessible to you if you are disabled.

Effective in 1989 we will have two types of taxbacks on two types of income--the Old Age Security benefit and the Family Allowance benefit. This raises a policy question about universality of these benefits. If you have over $50,000 of net income, you will be required to pay an added tax on these benefits. If you can split the family income between spouses, you may not need to pay the above tax.

Coming into effect, for about 5 years, spouses receiving pension income can buy up to $6,000 annually of RRSPs for their spouses.

It is important to have a will, important for both financial and psychological reasons, especially psychological reasons. It helps for a person to get his or her wishes down on paper.

In conclusion, there is not enough emphasis placed in our society on the need for women to be self-sufficient. It is important for all women to be economically independent.

EXPECTATIONS OF WOMEN'S ROLES BY SOCIETY, FAMILY AND SELF AS A DIVORCED WOMAN

Presenter: **Brigit Hawkins**

I spent the early years of my life in Denmark and the motto of my family was to "be of service." This had a major effect on my life.

What have been the expectations placed on me?

When I was a teenager, society expected me to get married and have kids as soon as I finished school--and that could be at the end of grade nine unless your parents had money enough to send you away to school. In that case you were expected to become a teacher or a nurse.

I remember some of us talking when we were between ages 17 and 18. We were very much afraid of becoming "old maids". Many of my friends married and had children. A lot of girls did this because they felt they had to have a man, had to get married, so that they would not be looked at with pity or scorn. If you were unmarried by age 24, you were almost an outcast.

I had this feeling, though, that I wanted to do something.

But at age 18 I was married. Why? Because we looked good together!

The expectations continued. I was married for four and one half years before I had a child. People kept looking at me. Poor Brigit! Because it was part of society's expectations, people thought that there was something wrong with me because I did not have a child right away!

I went to work only to supplement our income. Career was a word used only in connection with my husband's work.

After 18 years of marriage and two sons, I found myself alone. My husband had run away with his secretary!

What were the expectations of society? I was the subject of pity. Poor Brigit! Something is wrong with her! Her husband left her!

My sons, at that time, helped me think about my own expectations. One of them said--"Now you can do the things that you have always wanted to do".

This became a turning point in my life. I was 36 years old and had never been on my own. I felt lost and scared, but I finally really had to get on with it.

I got a new job. My sons, for me, went to live with their father, so that I could do for myself. I felt a need to do and become something. I started working on drawing and painting. I went to night school and took courses. I studied until I was two courses short of my bachelor of fine arts. I travelled and I went dancing. I seemed to be living my life in reverse, experiencing being single and making decisions-something most people do before they raise a family.

Society did not know how to deal with me. I was still regarded as a "poor little girl" because I was divorced, but also there were some other expectations placed on me because I was divorced! I was expected to do and behave in a certain way!

I retired from my job in 1983. This almost drove me "nuts". It was not easy to get further work, so I asked myself what I could do well. I realized that I could frame what I painted. I did it first for friends and then started to do it for money. I found that there was a big market out there for the things I could do well and I did it to supplement my own income.

Nine years ago I remarried. My husband and I decided that we wanted our work to come to us. He left his TV career and is now a writer and I have my own framing business.

My husband is the most positive human being I know. Along with my children, he is the best thing that has happened to me. He provides me with much support. My children's expectations of me are not traditional and I like that. They expect me to be active and involved. I have four grandchildren. I don't expect to do babysitting. I enjoy it, but won't do it all the time.

I am my own person, I make decisions, have a business, have peace of mind.

I realize now that some things are not so important. I may look awful in a swimsuit, but I don't care! I don't care what people think of me!

Expectations have changed. I and others have belief in my ability. I now have freedom of choice, freedom to be. I am a comforter. This is related to my family's tradition of service.

We are a product of our past, so I shall expect great things of myself and I am not finished yet!

EXPECTATIONS OF WOMEN'S ROLES BY SOCIETY, FAMILY AND SELF AS A WIDOWED WOMAN

Presenter: **Angela Stubbs**

I cannot speak for other widows, as each person's experience is unique. It is unfortunate that society puts labels on people. I am a woman and the editor of the women's section of the paper in Medicine Hat. However, when my husband died, I was labeled a "widow" and that carries with it the connotation of being lonely and elderly.

However, I became a widow at age 41 and I was not alone. I had children and now have grandchildren.

What did society expect when I was widowed? I was expected to be back at work a week after my husband's death. My colleagues found it hard to understand that bouts of irrational behaviour and being upset could be related to having experienced a very great loss and needing time to recover. My grief came in waves. However, my co-workers treated me to a large extent as though nothing had happened. They were uncomfortable when I talked about my husband. One person told me it would help if I wrote about my grieving in the third person!

What did my family expect? My son, age 14, expected that he should take over as the head of the household. When I came home from my first date, he was waiting for me at the head of the stairs and demanded to know where I had been!

My two daughters expected me to not date. When I did, they expected that the man I was dating would be just like their father. They wondered if he would be good enough for that! My friend, with whom I was going, would not have presumed to take over that role.

What did I expect of myself? My life was in shambles. I felt like a little girl. I called my mother in England, saying "what am I going to do without him to love me?" My mother suggested that I come home to England.

That, I realized, I should not do. I took a "journey through grief" course. I started to work very hard--to overwork. I did not eat or sleep properly. I hit rock bottom and I felt like committing suicide.

So I decided, on the advice of a friend, to take a cruise--I who get seasick when the boat is in the harbour! But I did it. I read a book--"When Bad Things Happen to Good People." The children moved away. I had nobody at home. For the first time in many years I was totally alone.

I found that I could survive and I liked that.

The children came back for a while, but have left again.

Now I see myself as a "merry widow". I will not try to be all things to all people. I say that life begins when you and you alone decide to live it!

It's up to you!

EXPECTATIONS OF WOMEN'S ROLE BY SOCIETY, FAMILY AND SELF AS A SINGLE WOMAN

Presenter: **Bette Purves**

It gave me a strange feeling when I started to pull my thoughts together and decide what and how I was going to present this talk to you.

I must confess, I hadn't really consciously thought too much about what others had expected of me during my life. I just sort of went along, minding my own business, so this was an interesting exercise to think about.

And as for how to present it to you--I decided to do it as if I were drawing a lifeline--starting at the left hand side of a page and moving across the page in a forward direction.

I divided my lifeline into 4 sections or stopping points:

First: 21 years to 29 years

Second: 29 years to 39 years

Third: 40 years to 50 years

Fourth: 50 years to 60 years

I'm sure I'll need a whole new page for when I'm over 60!!!!!

I'll tell you what I thought were the expectations of society, of my family and of myself for me as a single woman for each of these periods.

Age 21 to 29 years

Society's Expectations

In my twenties--21 to 29 years--I graduated from university, got a job teaching Home Economics and moved away from home. During this period, society's only expectation was that all girls would get married and start a family. If one didn't marry, society thought two things: 1) something was wrong with her--she couldn't catch a man!!! 2) "Poor dearie--there is no one to look after her!" The idea, of course, was that a man would always take care of a woman.

I guess I bombed out on both counts. First because I don't think there is anything "wrong" with me, and secondly because I've managed to look after myself quite well, thank you very much!!!

Family Expectations

As for family expectations, I sometimes got the feeling they were even a little afraid that I would marry--was he good enough for me and for my family? My family is of Scottish background--very proud and with very strong family ties--they could argue, etc. among themselves, but they would not let anyone outside say a bad thing about any of them!

I think they also expected that I (as the only daughter) would "take care" of the older family members. (I did have a "maiden" aunt that did this.)

It was also taken for granted that I would always come home for Christmas, holidays, etc.

I was taught that I should "save for my old age". There was no discussion in my family regarding money management and what do you want money to do--probably because there really wasn't much money for anything other than the basics--food, shelter, etc.

But I did learn the lesson to "put something in the bank each payday" and it wasn't a bad lesson to learn.

Self Expectations

This then became one of my expectations for myself--that I would look after myself financially.

Another of MY expectations was that I would work very hard at my job and do the best that I possibly could.

Age 29-39 years

This was a great period in my life; I had a wonderful time!

I moved from Ontario out west to Calgary, left the teaching profession and began work in the public relations and promotion business where I was allowed to develop any creative talents that I had.

I became very independent, developed my own identity and increased my self-esteem greatly.

Society's Expectations

Society's expectations during this period were:

- that I be a very good cook, sewer and housekeeper (after all that was my business wasn't it?). I remember the wife of one of the men I worked with telling me that she had been afraid to invite me over for dinner because she wasn't as good a cook as I must be.
- that I look after myself:--my own residence or place to live, financially, emotionally. I was supposed to be in complete control of my emotions at all times and never need to call on anyone else for support.
- socially my close friends were mostly to be female, certainly not married men!
- that I generally "be available" to help others. After all, I did have lots of free time, didn't I?
- some of the "poor Bette" almost pity because of no marriage was changing during this period, to feelings of envy by some of my contemporaries as I had great freedom and was able to travel and develop my own interests--with no spouse or children to consider.

Family Expectations

My immediate family was small--my mother had died, my brother had married and was living at the coast and my father was determined to remain independent--he said he would not live with either of his children and so I did not have to live up to any family expectations.

I do know that my father was very proud of me and I guess I could do no wrong in his eyes.

Self Expectations

My own expectations were pretty much the same as before--to do my best at my job, and to look after myself--and, still with the idea of "taking care of my old age," to start getting an RRSP.

Age 40-50 years

During these 10 years I once again changed jobs and moved a couple of times.

Society's Expectations

At this age, I think society doesn't think too much about the single woman. She is just supposed to carry on as before by:

- looking after herself;

- giving of her time and talents where they are useful; and
- taking care of older family members.

I remember one time going to a house party by myself at a cousin's home and one woman saying to me "Oh Bette, I think you are great to come to a party by yourself--I don't know how you do it." I often wondered if I was supposed to be a hermit!

Family Expectations

My father, still living in a different city, became ill and died during this period and it was me who was called whenever he took a turn for the worse and it was me who went to visit, etc. each month. Again an expectation that the female in the family will be the caregiver.

Self Expectations

Maintain a wide range of interests. This makes for a more interesting person. I had lots of things I could talk about--not like some people I know whose only topic of conversation was and is their children and grandchildren.

Maintain and develop friendships with people of all ages, particularly younger.

Become a role model and I hope a positive one--to younger friends and relatives.

Age 50-60 years

During this stage of my life, I "retired"--too young, too early--and found it to be a dreadful experience! (Loss of self-esteem, loss of meaningful activities, loneliness, etc.).

So I went to university, took a course in retirement planning education and started my own business in this field.

I also purchased my own home--an idea not often contemplated for a single woman not too may years before.

Because so many women are widowed in this age group--I think society doesn't differentiate between never-married and widowed.

Society's Expectations

Some of the expectations for this age span:

- that you are "old"--whatever that is!
- that you are not capable of much. Have you ever had an X-ray (or something like that) and been called "dear" every second word?

- that you are ready to live in a retirement home or development among only people your own age group.
- that you have oodles of spare time and few interests, etc., etc.

Family Expectations (nieces and nephews etc.)

That I'll remain a very busy, alive, active, interesting lady.

Self Expectations

- "do my own thing" whatever that may be without much concern about what others think of me;
- that I will maintain and make new friends of different ages; and
- that what I do, I will do to the best of my ability.

60 Plus

My Expectations

- All of the above, plus:
- remain active--physically and mentally;
- keep learning;
- give of my talents to my community; and
- that I will try to change society's expectations of older people, particularly women.

ISSUES AND CONCERNS RAISED IN THE GROUP DISCUSSIONS AT THE FORUMS

Health

1. There is an overuse of medications, partly by people themselves, partly from over-prescribing by the medical profession. Pharmacists need to be more involved and could use computers to avoid duplication of drugs, etc., more education is needed about the drug caution code.

2. There is a need to set priorities in health care funding:

   - health promotion vs. care of illness; we need to promote self-responsibility for health care. It was suggested that each hospital should have a health promotion program, and/or there could be community health centres; such programs could offer cancer screening, blood pressure clinics, nutrition information and counselling about lifestyle changes, exercise, medications, grief and loss, chronic illness, widowhood, finances, family dynamics, death and dying.

   - home care vs. high tech care; what is the quality of life for someone on home care? What is the quality of life for someone after a transplant?

3. There is a need to develop more "at risk" registries (a program whereby health units find and stay in touch with older people who are recently bereaved or have mobility problems or who are very elderly and living alone, etc.).

4. Home care should be funded at a high level and support caregivers. There should be improvement in its quality and quantity. The regulation should be changed to enable people under 65 to obtain support services only. We must ensure home care reaches isolated rural seniors.

5. There should be a greater emphasis on rehabilitation in all services (home care, institutions, hospitals).

6. We need to set priorities in health research.

7. We need the single point of entry to prevent over-institutionalization of the elderly.

8. Nursing homes must have private rooms; a question was raised about the privatization of nursing homes--is the care given influenced by the profit motive?

9. Women need to become more knowledgeable and assertive with their physicians to ensure that they (the women) understand treatments and also to ensure that their physicians hear their concerns.

Housing

1. There is a need for some seniors' apartment housing with services such as food services and 24 hour help on call; could some existing apartments be changed to provide these?

2. Zoning regulations should be changed, where necessary, to make it possible to develop apartments in single family homes; this should be considered as a desirable alternative in housing for seniors. Choice in housing is vital.

3. Seniors should be included in the planning and design of housing for seniors.

4. Concern was expressed about the situation in some lodges: the resident managers are sometimes too regimented; the training of staff should be mandatory.

Communication

1. Public awareness of services for seniors needs improvement; both a central information number and local information numbers need to be advertised.

2. Notification of the Guaranteed Income Supplement Program should be provided in different languages.

3. Women need more information about pension rights, marriage contracts and issues related to guardianship and trusteeship, wills and estates.

4. Note from Provincial Senior Citizens Advisory Council: the need for a central information service on benefits/services for seniors, for example, an 800 number was raised by several participants. The 800 number became available on April 1st, 1989. The Provincial Senior Citizens Advisory Council acknowledges the need to publicize this service. The number is 1-800-642-3853.

Income and Retirement Policy

1. **Pension Reform**

   - There should be pension benefit coverage for permanent part-time workers.

   - There are many women without pensions, for example, farm wives.

2. **Income Support**

   - Widows' Pension Programs discriminate against single and divorced people and need to be changed.

3. Inequity in pay between men and women results in the poverty of women in old age. There is a need to ensure that men, who are the major decision-makers, become aware of this issue.

4. There is a need for women of all ages to develop financial awareness, understand financial planning and take responsibility. Each individual should be encouraged to assume financial responsibility for him or herself--not rely on government.

5. Each married woman should know her husband's financial status and be able to conduct the family finances.

6. Note from the Provincial Senior Citizens Advisory Council: Several participants expressed concern about retraining and the provision of opportunities for entry or re-entry into the work force for women over age 45, as well as the availability of loans. The Provincial Senior Citizens Advisory Council wishes to point out that programs are available but there appears to be a lack of communication and dissemination of this information. This will be brought to the attention of the appropriate bodies.

Volunteers

1. We should encourage volunteers to do outreach work.

2. Support groups should be formed around special needs.

3. Government should provide funding and/or tax credits to assist volunteers with expenses and also provide assistance with direction and recognition. (Volunteers need continued appreciation and encouragement.)

4. The concept of seniors helping seniors, for example, exchanging skills and services, should be encouraged.

5. We should develop the "neighbourhood watch" concept--more networking is important.

Education

1. Seniors should be involved in the educational system; their past experience is valuable.

2. There should be an encouragement and fostering of dialogue among people of all ages, beginning at an early age--Interaction among various age groups and professions should be promoted.

3. Schools should emphasize more that women have lifestyle and career choices--education and information can empower women by helping them to develop strong and positive attitudes about themselves.

4. Assertiveness training for women of all ages was seen as important.

5. There is a need to change beliefs about the respective roles of men and women in our society. Roles are changing and this needs to be supported, as well as encouraging independent thinking.

6. People should develop an awareness at an early age that each individual is responsible for his or her life. This is especially important for women who have sometimes assumed that a marriage ensures that someone else will "take care of them".

7. Financial planning, including the need to save for retirement, should be included in educational programs at an early age, for example, at the high school level.

8. There should be more bursaries for people in all disciplines to undertake studies related to aging.

9. There should be gerontological content in the education of health professionals and it should be mandatory for nurses and physicians.

Other Issues

1. Municipal governments and local communities should be more involved in the development of programs/services for seniors.

2. Programs should be developed at the local level to ensure they are meeting a real need; government should provide funding for this.

3. Special interest groups monitoring negative media portrayals of women and aging should be supported.

4. Some excellent programs have been started on temporary funding and discontinued because of a lack of permanent funding, leaving seniors feeling devastated. We need to ensure continuity of funding for worthwhile projects.

The Provincial Senior Citizens Advisory Council believes that, to ensure ongoing funding, short-term projects should be evaluated to determine their effectiveness. It should also be noted that the funding is usually given on a temporary basis; this should be regarded as seed money to move worthwhile projects toward a self-funding basis.

5. Consideration could be given to employing recipients of social allowance to assist seniors in need of help with daily tasks.

6. There is a need to help single mothers, managing at the poverty level, build their self-esteem. Community support programs, with the help of older women, could assist with this. This is important for it will affect how these young women age--and affect their senior years.

The Fact Sheet on Older Women in Alberta was distributed to all participants and is attached as Appendix C.

APPENDIX A

a) **Provincial Senior Citizens Advisory Council**

The Provincial Senior Citizens Advisory Council* is a government-appointed council whose chairman is a member of the legislative assembly, currently Thomas Musgrove, MLA, Bow Valley. The 14 members are appointed from various regions of the province: two from Edmonton; two from Calgary; one each from Lethbridge, Medicine Hat, Red Deer and Grande Prairie areas, three from rural areas; one member each from the Alberta Medical Association, the Alberta Hospital Association and the universities. The members are appointed by the Associate Minister of Family and Social Services, the Honourable Roy Brassard, on the advice of Executive Council (Cabinet).

The Council advises the government on specific programs and policies for senior citizens with regard to priorities and the coordination of programs. It submits an annual report to the government through the Associate Minister, holds at least four meetings a year as a whole and has working subcommittees. Members are making an effort to visit all seniors' groups and services in their areas.

As of September 1989, the Council has assumed the functions provided up to that time by the Senior Citizens Secretariat and the Secretariat will serve as the administrative arm of the Council. Information will continue to be provided on benefits and programs for older people, on aging, on work with older people and on demographic and service utilization information relating to persons age 65 and over. To ensure accessibility to the Council from people throughout the province, there is a long distance toll free line, the Alberta Government Seniors Information Line.

A list of the Council members can be obtained, and members would be pleased to learn of the concerns and interests of seniors. CALL 427-7876 (EDMONTON CALLING AREA) OR 1-800-642-3853 (LONG DISTANCE)--the Alberta Government Senior Information Line.

b) **Alberta Advisory Council on Women's Issues**

Elva R. Mertick is the Chairperson of the Council which comprises 15 committed women from a variety of geographic, ethnic and socio-economic backgrounds.

Established in November of 1986 via the Alberta Advisory Council on Women's Issues Act, the Council is the only official body that specifically advises the

---

* As of 1990 the Seniors Advisory Council for Alberta.

provincial government about legislation that best serves the needs of Alberta women.

As an arm's length government organization, the Council is a self-governing body which consults various individuals and organizations in order to objectively identify, priorize and evaluate issues of concern to Albertans.

Briefs, submissions and reports are prepared by the Council, and specific recommendations are made to the Alberta government through the Minister Responsible for Women's Issues.

Council members promote public awareness on issues of importance to Albertans. Discussion papers on several topics of interest can be picked up, free of charge, from the Edmonton office.

Council members will gladly meet with groups, organizations and individuals to discuss their concerns, or they can visit the Edmonton office at:

Alberta Advisory Council on Women's Issues
1004, 10010 - 106 Street
Edmonton, Alberta
T5J 3L8

or telephone: 422-0668

c) **Alberta Association on Gerontology**

Formed in 1980 the Alberta Association on Gerontology has the following objectives:

- To bring together persons interested in gerontology for mutual benefit and to exchange information.
- To promote improvement in the well-being of older people.
- To encourage and provide education and training.
- To encourage research in gerontology.
- To print, publish, distribute and/or sell journals, periodicals, newsletters and publications.
- To increase public awareness of gerontological issues.

Membership in the Alberta Association on Gerontology is open to any individual or organization in Alberta interested or working in the field of gerontology.

Membership benefits include: a quarterly newsletter, reduced fees for educational opportunities, a unified voice on issues of concern, networking, and affiliation with the Canadian Association on Gerontology.

The Alberta Association on Gerontology encourages the development of local chapters to address the specific needs of their communities. The goals and objectives of local chapters follow the mandate of the Alberta Association on Gerontology.

Further information may be obtained by writing to:

Alberta Association on Gerontology
c/o Centre for Gerontology
P220 Biological Sciences
The University of Alberta
Edmonton, Alberta T6G 2E9

APPENDIX B

BIOGRAPHICAL NOTES ON MAJOR PRESENTERS

Professor Christopher Armstrong-Esther

Professor Armstrong-Esther is a professor of nursing with the Faculty of Nursing, University of Lethbridge and an adjunct professor of gerontology with the Faculty of Medicine, University of Alberta. Professor Armstrong-Esther was educated in the United Kingdom, receiving his B.Sc. at the University of Newcastle and his Ph.D. at the University of Surrey. His principal interests are in the care of the elderly and in rehabilitation. Since 1983 when he came to Lethbridge, he has worked with the People First Society, the Handicapped Society, the Green Acres Foundation, St. Michael's Hospital, and the Lethbridge Health Unit, is a director of the Canadian Cancer Society and is on the Board of Directors for the Alzheimers Society. He has also done some special research work with the Blood Indian Band. He is presently a member of the Provincial Senior Citizens Advisory Council and the Council representative on the Long Term Care Liaison Commitee.

Peter Faid, M.A. (Pol. Sc.), M.A. (Soc. Pol.)

Peter Faid is executive director of the Edmonton Social Planning Council, a position he has held since 1981. He is originally from New Zealand where he completed a Master's Degree in Political Science. After employment with both the University of Calgary and the University of Manitoba, he attended the London School of Economics and Political Science where he completed a further Master's Degree in Social Policy. He is currently working to complete his doctorate at the London School of Economics. Along with his work with the Social Planning Council, Peter has been a sessional lecturer with the Faculty of Social Welfare, University of Calgary, Edmonton Division, where he has taught Canadian Social Policy, as well as a course in Social Planning and Social Work. Through his work with the Council, he has spent considerable time working with volunteer boards and the staff of agencies throughout Alberta. As well, under his direction, the Council has developed an excellent reputation for its work in the area of welfare rights, poverty and unemployment.

Elva Mertick, B.A., B.S.W., M.S.W.

Elva Mertick is currently President of Choices: Realistic Alternatives Inc., a Calgary agency which provides therapy services. She is a Registered Social Worker who completed her formal education at the University of Calgary and at Gonzaga University, Spokane, Washington. Ms. Mertick's sessional instructor appointments have included, Mount Royal College, the University of Calgary and the University of Lethbridge and she has been a guest lecturer in the Faculties of Social Work, Nursing and Medicine. She has a wide range of experience in program development, youth and women's issues, staff training and stress management. Knowledgeable in private

counselling as well as in presenting both public and professional workshops, Ms Mertick is recognized throughout Canada as an authority on grief/loss counselling. International recognition and distinctions include: Community Leaders of America 1986; Foremost Women of the Twentieth Century 1986; International Who's Who in Medicine 1986; International Who's Who in Business and Professional Women 1988. Ms Mertick was appointed chairperson of the Alberta Advisory Council on Women's Issues in 1989.

Angela J. Stubbs

Angela J. Stubbs was born and educated in England. She came to Canada with her husband (who was a member of the Armed Forces) and three children in 1973. She was widowed in 1984. She organized and was president of the Medicine Hat and Redcliff Association for Children and Adults with Learning Disabilities, was director and president of the Alberta Association for Children and Adults with Learning Disabilities and on the Board of Directors of the Canadian Association for Children and Adults with Learning Disabilities. She has been involved with the Girl Guides of Canada, the Canadian Mental Health Association; John Howard Society; Medicine Hat and District Historical Society; Medicine Hat Society for Immigrant Settlements. She is now vice-president of the Canadian Club of Medicine Hat. She joined the Medicine Hat News in 1978 and was promoted to Lifestyles Editor in 1979. Her work includes feature writing and editing.

Bette Purves, B.Sc.

Bette Purves has a B.Sc. in Home Economics from the University of Manitoba and has taught home economics, worked for the Manitoba federal government, and a major Alberta utility. She has been involved in pre-retirement planning education and the seniors' health promotion program "Fully Alive," a project of the Alberta Council on Aging. Ms Purves has been on the executive of several community organizations and is a past-president of the Alberta Home Economics Association and Calgary Meals-on-Wheels. She is currently a member of the Provincial Senior Citizens Advisory Council.

Brigit Hawkins

Brigit Hawkins is an original appointee to the Alberta Advisory Council on Women's Issues and was recently elected Vice-Chairperson of the Council. Mrs. Hawkins lives in the Spruce Grove/Stony Plain area. She sits on the Board of Directors of the Multicultural Heritage Society at Stony Plain; she is also the founder of the Alberta Beach and District Art Club and is in her tenth year as public relations coordinator for the Western Association of Broadcast Engineers. She has been president of the Alberta Beach and District Chamber of Commerce and has sat on the Board of Directors of the Family Life Education Council, Preventive Social Services Council, the senior citizens centre, Retarded Children's Association, the Ethnic-Multicultural Committee and several others. Her thirty year working career has involved administration, personnel, advertising and promotion. She now operates her own

picture framing business. She has three sons and is married to Barry Hawkins, television producer and writer.

Maureen Osis, R.N., M.N.

Maureen Osis began her career working as a staff nurse on medical and surgical units at the Medicine Hat General Hospital, the Foothills Hospital and Holy Cross Hospital. She took one year away from nursing to teach at the Emily Follensbee School for Mentally Disabled Children. Her research project in the Master of Nursing program focused on behaviour change in women with Premenstrual Syndrome. After completing her degree, she worked as a community health nurse at the Medicine Hat Health Unit. Since 1979, she has been independently employed as a consultant providing a variety of seminars, inservices and consultation in the areas of medications, women's health and aging. She provides a private health promotion program for seniors (ages 70-95 years) in a retirement facility. Associate editor of Gerotion: A Canadian Review of Geriatric Care, she has published several articles on drugs and healthy aging.

Dereka Thibault, B.Com., C.A.

Dereka Thibault is a partner in the Lethbridge office of Peat Marwick & Thorne (formerly Thorne, Ernst & Whinney). Ms Thibault received her schooling in Red Deer and attended the University of Alberta where she graduated with a Bachelor of Commerce degree in 1974. She received her C.A. designation in 1978 and is a member of the Institute of Chartered Accountants of Alberta. She is an income tax specialist and is head of the Tax and Financial Planning group in the Lethbridge office. She is a member of the Canadian Tax Foundation and has presented numerous seminars on various tax topics. Involvements in the community include: chairperson of the Business Advisory Committee for Lethbridge Community College, president of the Westwind Gymnastics Club, director of the Kiwanis Club of Lethbridge, member of the Lethbridge Regional Legal Aid Committee, member of the Business and Professional Women's Club of Lethbridge.

Jean Arlene Caprio Triscott, B.Sc., B.Ed./A.D., M.D.

Jean Triscott, originally from Colorado, but now a Canadian, is a physician in Geriatric Medicine at the Edmonton General Hospital, Assistant Professor in Geriatric Medicine at the University of Alberta and Honorary Associate Professor in the Faculty of Medicine, University of Alberta. Prior to her career in medicine, she was involved in health related research, particularly in occupational medicine and environmental health. Since attending her geriatric residency at the University of Alberta in 1984-85, she has concentrated her practice in geriatric medicine, acting as consultant to several hospitals in Edmonton and vicinity. A recipient of several honours, she recently published an article in the Family Health magazine on "Take your Medicine, but Take It Safely". In her busy schedule, she is also mother of two daughters and a wife, a member of the Edmonton Philharmonic Orchestra and avid sportswomen (sailing, swimming, skiing, tennis and golf).

APPENDIX C

FACT SHEET ON OLDER WOMEN IN ALBERTA

- The senior population as a whole is growing at a faster rate than the total population in Alberta. It is expected that the age group 65 and over will grow by 146% in the years between 1986 and 2016 and the age group 85 and over by 242%, while the total population will grow by only 39%.
- The Alberta Bureau of Statistics estimates that, as of January 1989, there are 119,830 women age 65 and over in Alberta.
- These women represent 56% of Alberta's senior population.
- Women comprise almost two-thirds of the group age 85 and over.
- This preponderance of women in the older population is caused by the difference in life expectancies between males and females. Life expectancy at birth has been increasing for both males and females. Average life expectancy for women has been and will continue to be longer than that for men. In 1986 it was 80 years for females and 73 years for males.
- In 1986, 86% of women over age 85 were widows.
- In 1986, one-third of all women over age 65 were living alone; of those age 85 and over, one half were alone, in relatively independent living arrangements.
- On the whole some older women do not have as much income as older men. Of those Alberta seniors receiving maximum income supplementation from the federal and provincial governments in December 1988, 65% were female. This perhaps reflects the fact that many of these women were mostly homemakers and did not have independent incomes.
- Some older women are living in lodges, nursing homes and auxiliary hospitals due to health needs; with further expansion of Home Care services and seniors' housing, these needs could be met in the community, thus enabling some of these women to live independently.
- In the group under age 55 and the group age 65 and over, women are more likely to report stress than men; however in the age group 55-64 the difference is reversed: 45% of men and 37% of women report stress. Seniors generally report lower levels of stress than younger people.*
- Women in all age groups are somewhat more likely than men to say that they are not too happy. In the age group 55-64, 7% of women and 5% of men were not too happy; in the age group 65 and older the percentage was 9% for women and 6% for men. This is more than twice the rate of those under age 55.*

- **Health**
  - On average, women age 65 and over in Alberta, use somewhat more services of physicians than men, but the average expenditures for men are higher.
  - In Alberta women between the ages of 65-74 use fewer hospital days than men, though they outnumber men in that age group.
  - Women age 55 and over accounted for 56% of all seniors reporting poor health, however this does not imply women are less healthy than men, since there are significantly more older women than men.
  - 31% of women age 55-64 report an activity limitation compared to 25% of men; in the age group 65 and over, this figure is 37% for women and 31% for men. These figures are likely influenced by the longer life expectancy of women.*

*This material is from "The Active Health Report on Seniors," which resulted from a survey undertaken by the Health Promotion Directorate of Health and Welfare Canada in 1985.

Provided by the:

Provincial Senior Citizens
Advisory Council